

Name
in
Full

Charles O. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Springfield Hosp.* County *Carroll* **MARYLAND**

Died at *Springfield Hosp.*

Date of death *1907* Month *May* Day *25* Age *81* Years Months Days

Sex *male* Color or Race *white* Birth-place *md.*

Occupation *Clerk* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *? unknown*

Father's Name *Thomas M. Anderson* Father's Birthplace *md*

Mother's Maiden Name *Annie Smith* Mother's Birthplace *md*

Name of person giving information *Hospital records* How related to deceased

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary *Senile dementia* How long *1 1/2 yrs*

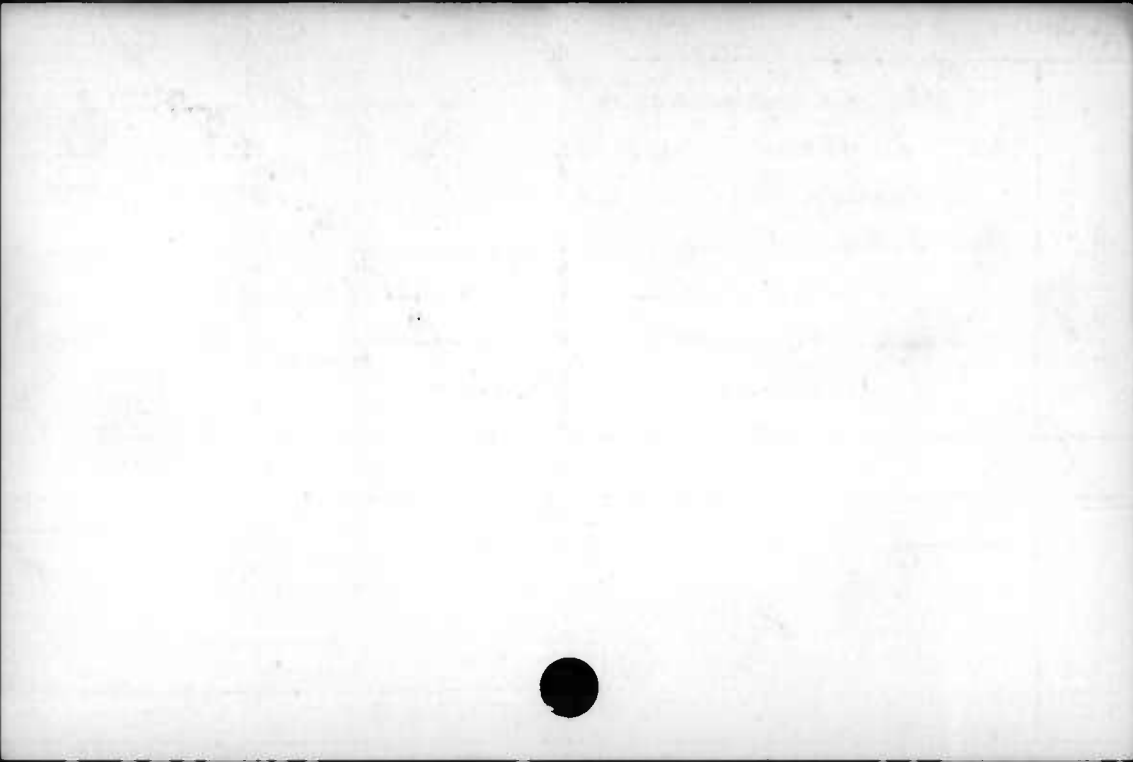
Immediate *Acute Nephritis* How long *about 2 wks.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. J. Cary*

Address *Snyderville Md.*

Accident or Suicide? *No*



Name
in
Full206
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jane Baile</u> Town <u>Westminster</u> County <u>Garroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>30</u>	Age <u>84</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>	Months <u>1</u> Days <u>27</u>
Occupation <u>Retired</u>	Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Levy's N Baile</u>		
Father's Name <u>Benjamin Gorsuch</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah Gorsuch</u>	Mother's Birthplace <u>do</u>		
Name of person giving information <u>Nora Gorsuch</u>	How related to deceased <u>Niece</u>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>Broncho Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Heart Failure</u>	How long <u>1 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Do. J. Her'g 42</u>
	Address <u>Westminster</u>
Accident or Suicide? <u></u>	<u>W. H.</u>

Washington

Name
in
Full

Ralph F Barr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

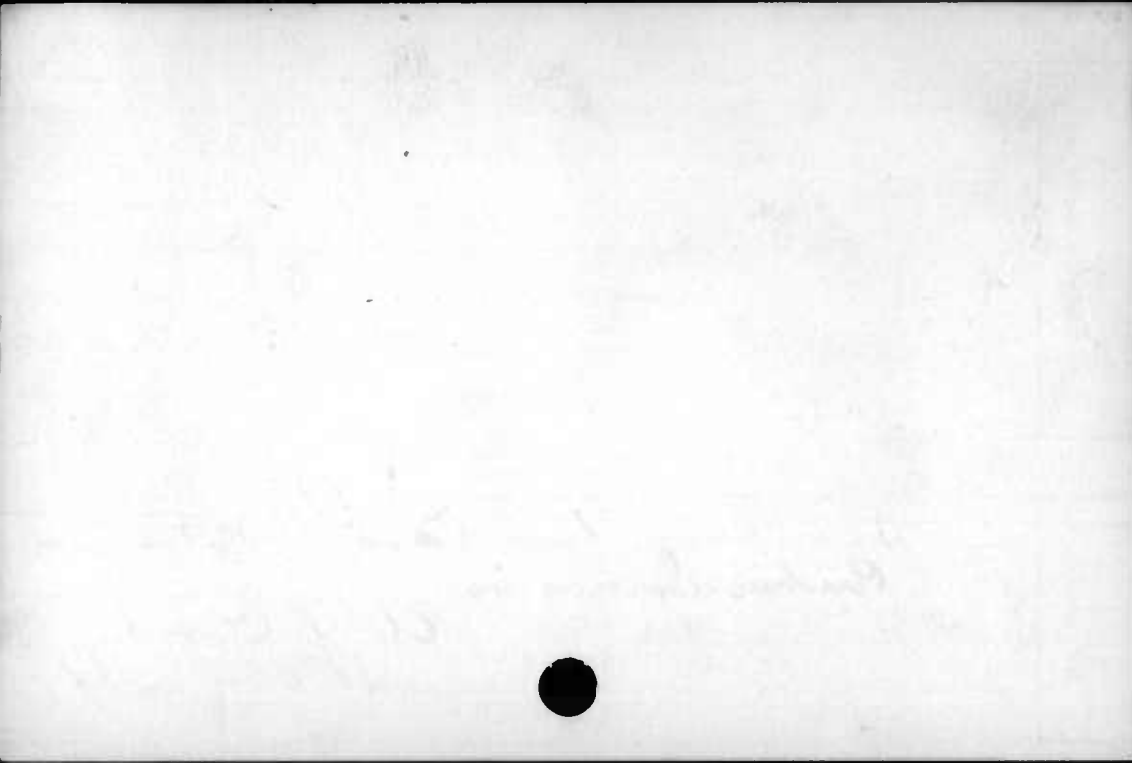
Died at <i>Kumro</i>		County <i>Barroll</i>		MARYLAND	
Date of death	1907	Month	5	Day	19
Age	22	Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Mod
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John E Barr			Father's Birthplace	Pa
Mother's Maiden Name	Charlotte Green			Mother's Birthplace	Pa
Name of person giving information	John E Barr			How related to deceased	Father

CAUSES OF DEATH

⑨

Primary	Diphtheria	How long	10 days
Immediate	Paralysis of heart	How long	7 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. H. Lewis
		Address	Tranbytown
Accident or Suicide?		no.	

PHYSICIAN
OR CORONER



Name in Full		Minnie B. Barnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} near Taylorville		^{County} Carroll		MARYLAND		
	Date of death 1907	Month 5	Day 26	Age 22	Years	Months 8	Days 22
	Sex Female		Color or Race White		Birth-place Winfield - Md.		
	Occupation House wife.		Where Residing if not at place of death Taylorville - Md.				
	Married, Single or Widowed Married	Name of Wife or Husband Harry J. Barnes					
	Father's Name Marcus W. L. Pickett			Father's Birthplace Winfield - Md.			
	Mother's Maiden Name Emma Lindbergh (deceased)			Mother's Birthplace Franklinville - Md.			
Name of person giving information Marcus W. L. Pickett		How related to deceased Father.					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long About three years.		
	Immediate		Cardiac Exhaustion		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician A. T. Crout		
					Address Mt Airy Md.		
	Accident or Suicide?						



Name
in
Full

Susan. Colehour

205

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death	1907	Month May	Day 29	Age 76	Years	Months —	Days 29
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	General house work		Where Residing if not at place of death		Sandycliff. Md.		
Married, Single or Widowed	Widow		Name of Wife or Husband	Zachariah Colehour			
Father's Name	Philip Flater		Father's Birthplace	Maryland			
Mother's Maiden Name	Elizabeth Flater		Mother's Birthplace	Lo.			
Name of person giving In formation	Jannie Westaway		How related to deceased	Friend			

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Injury to Spine	How long	5 weeks
Immediate	Gangrene + emphysema	How long	3 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm S. Mathis
		Address	Westminster Md.
Accident or Suicide?			

Sandy Mount

Name
in
Full

CERTIFICATE OF DEATH

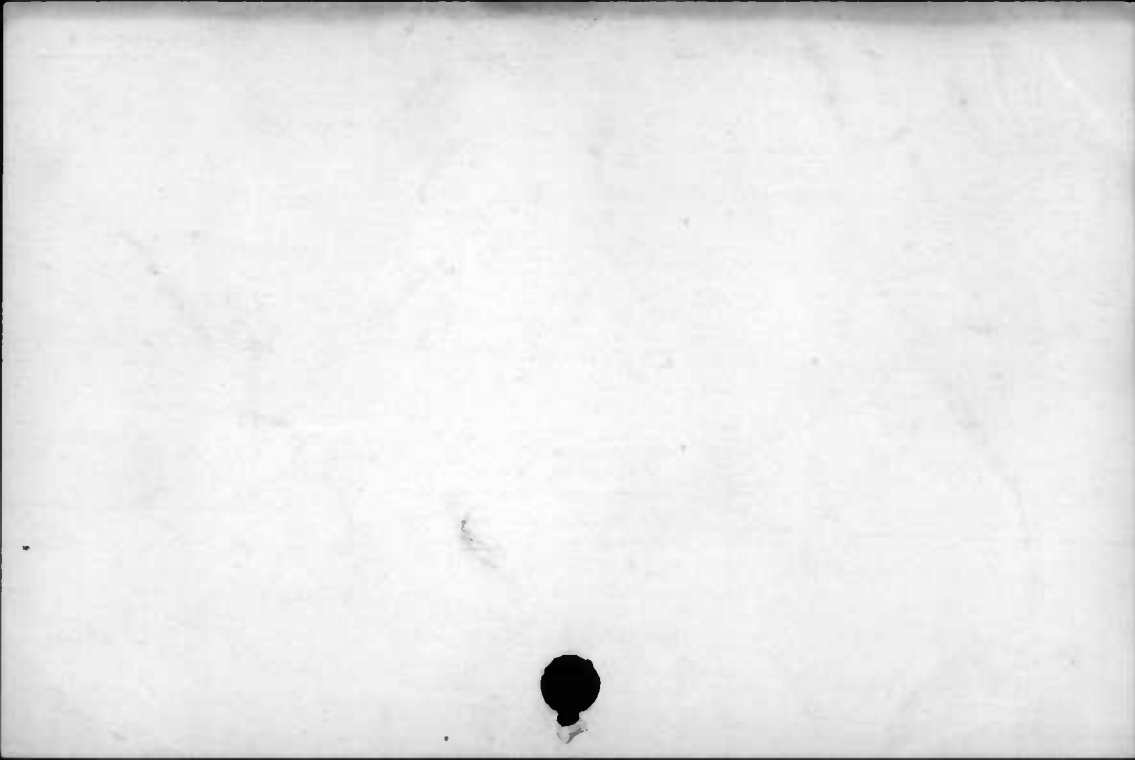
TO BE ANSWERED BY
NEAREST FRIEND

Jesunings Hialeay Costley		County		MARYLAND	
Died at <i>Daniel</i>		Town		County	
Date of death	1907	Month	5	Day	31
Age		Years		6	
Sex	Male		Color or Race	Colored	
Occupation			Birth-place	Daniel Md.	
			Where Residing if not at place of death	Daniel Md.	
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Jacob N. Costley			Father's Birthplace	Carroll Co. Md.
Mother's Maiden Name	Mary L. Brown			Mother's Birthplace	Carroll Co. Md.
Name of person giving information	Mary L. Brown			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	3 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. Brown	
Address		Winfield Carroll Co.	
Accident or Suicide?			



Name
in
Full

Mary C. V. Dorsey

CERTIFICATE OF DEATH

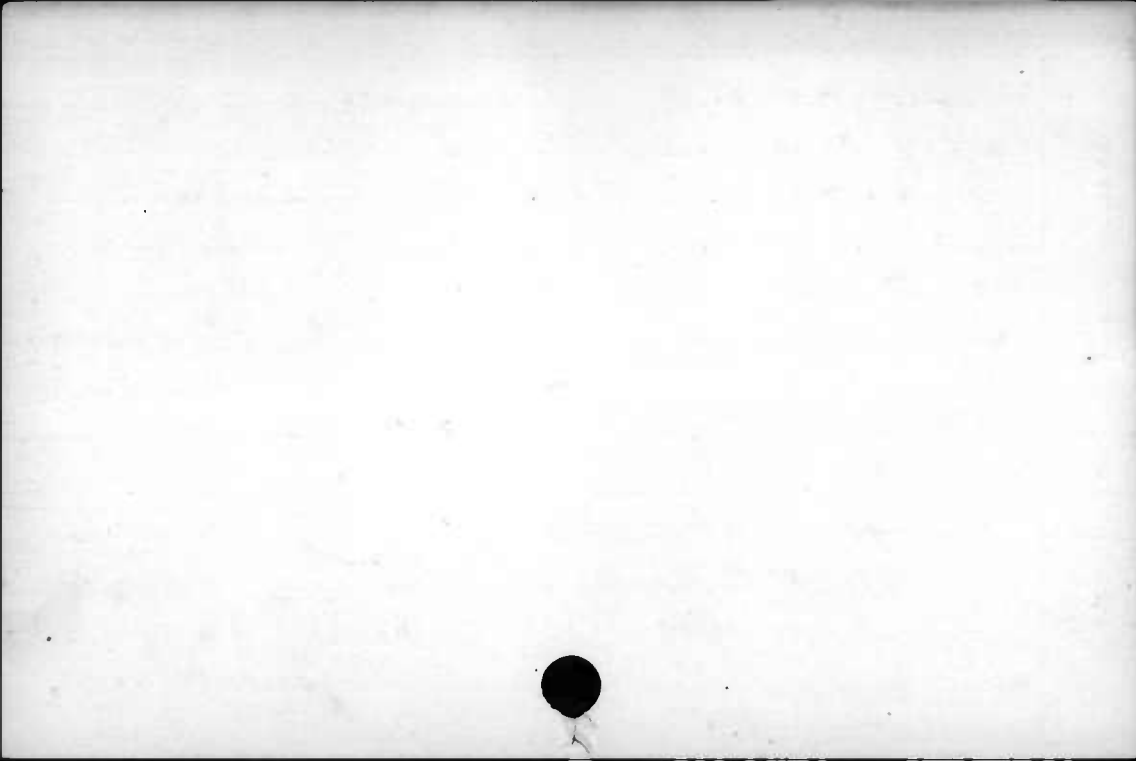
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sykesville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death 1907	<u>May</u> <small>Month</small>	<u>6</u> <small>Day</small>	Age <u>25</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>2</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>same</u>				
Married, Single or Widowed <u>married</u>	Name of W Husband <u>Augustus Dorsey</u>				
Father's Name <u>Leonard Hress</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Martha Kiefer</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Martha Kiefer</u>	How related to deceased <u>mother</u>				

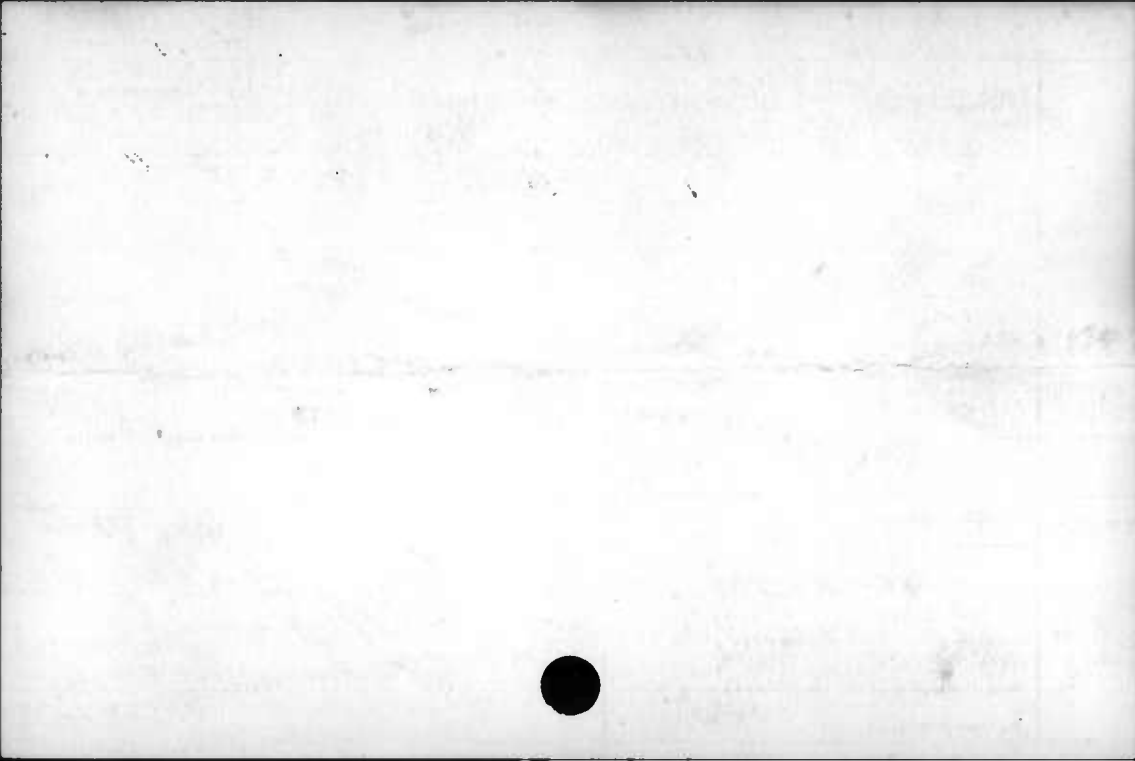
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Burns</u>	(167)	How long <u>8 hrs</u>
Immediate <u>Shock</u>		How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M D Morris</u>	Address <u>Eldersburg Md.</u>
Accident or Suicide? <u>Accident</u>		



Name in Full		Edward Evans				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Springfield Hosp		County Carroll		MARYLAND	
	Date of death	1907	Month May	Day 1st	Age 76	Months	Days
	Sex	Male		Color or Race	White	Birth-place	Bermuda
	Occupation	Painter		Where Residing if not at place of death			
	Married, Single or Widowed	Widower		Name of Wife or Husband Unknown			
	Father's Name	Unknown				Father's Birthplace	Bermuda
	Mother's Maiden Name	"				Mother's Birthplace	"
	Name of person giving information	Hospital records				How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">47</div>							
PHYSICIAN OR CORONER	Primary	Senile dementia				How long	13 months
	Immediate	Acute Articular rheumatism				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Chas. J. Carey		
	Address		Lyslewille Md.				
Accident or Suicide?		No					



Name
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Full

Ellen R Foreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

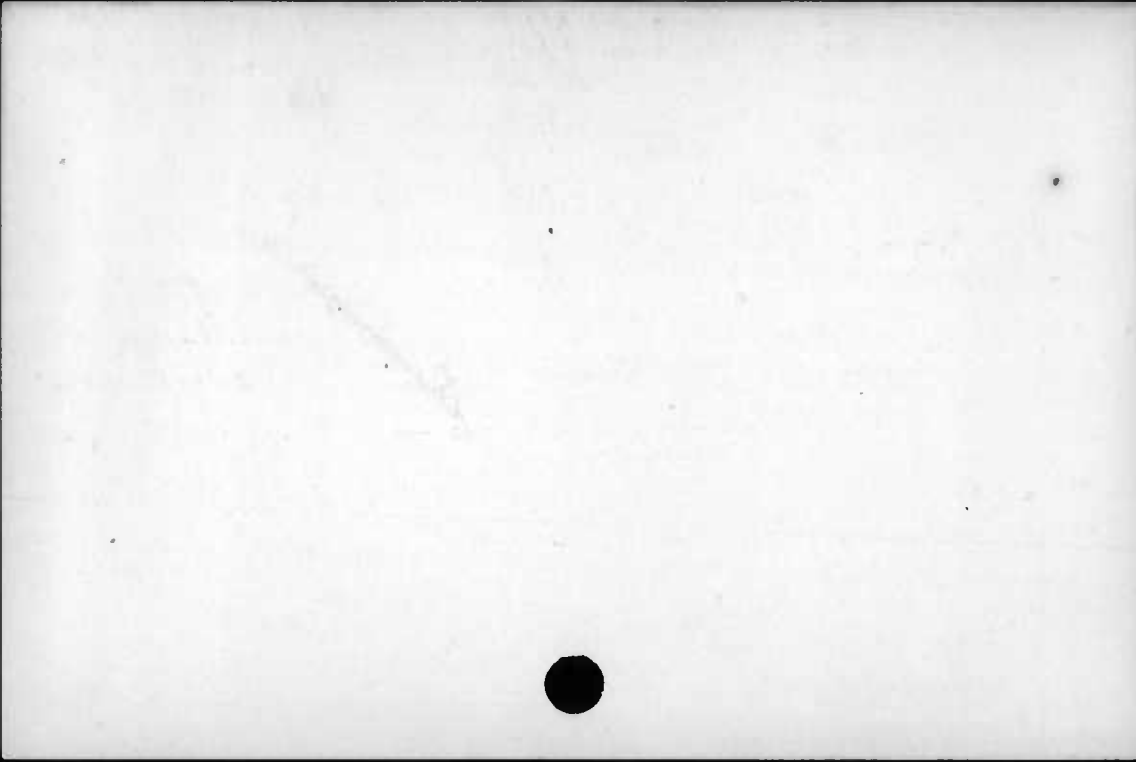
Died at <i>Taneytown</i> ^{Town}		<i>Cerroll</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	<i>5</i> ^{Month}	<i>30</i> ^{Day}	<i>77</i> ^{Years}	<i>7</i> ^{Months} <i>3</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>None</i>		Birth-place	<i>Md</i>	
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>David Foreman</i>		
Father's Name <i>Joseph Shoemaker</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Barbara Shriver</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>George Bowers</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility -</i>	How long	<i>Three years</i>
Immediate	<i>Old age - Exhaustion</i>	How long	<i>4 days -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. A. Seers</i>
		Address	<i>Taneytown Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

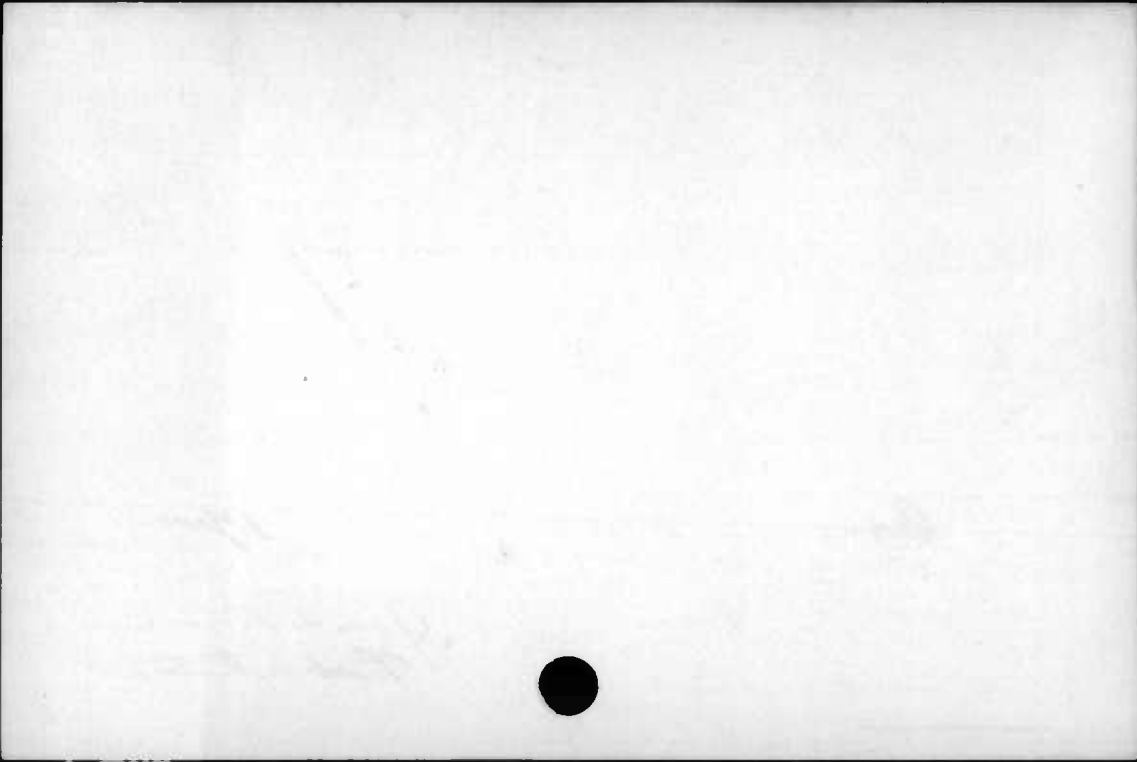
Died at <i>Keeyville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>15</i>
Age	<i>66</i>	Years	<i>8</i>	Months	<i>25</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>York Road Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Susan Fess</i>		
Father's Name	<i>Jacob Frock</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Rachael Mentzer</i>		Mother's Birthplace	<i>York Road Md.</i>	
Name of person giving information	<i>Clara Stokes</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Disease of heart & Dropsy</i>	How long	<i>1 year</i>
Immediate	<i>Gangrene</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. H. Miller</i>
		Address	<i>Detons Md.</i>
Accident or Suicide?	<i>—</i>		

79



Name
in
Full

Michael J. Frock

204
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Valley</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>21</i>	Age <i>70</i>	Months <i>11</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ellen Frock</i>			
Father's Name <i>William Frock</i>		Father's Birthplace <i>Carroll Co. Md</i>			
Mother's Maiden Name <i>Catherine Myers</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Mr Ellen Frock</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>1 year</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. Hump</i>
	Address <i>Wheat Md</i>
Accident or Suicide?	

Pleasant Valley (Cem.)
Stoner.

Name
in
Full

Annie E. A. Galt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

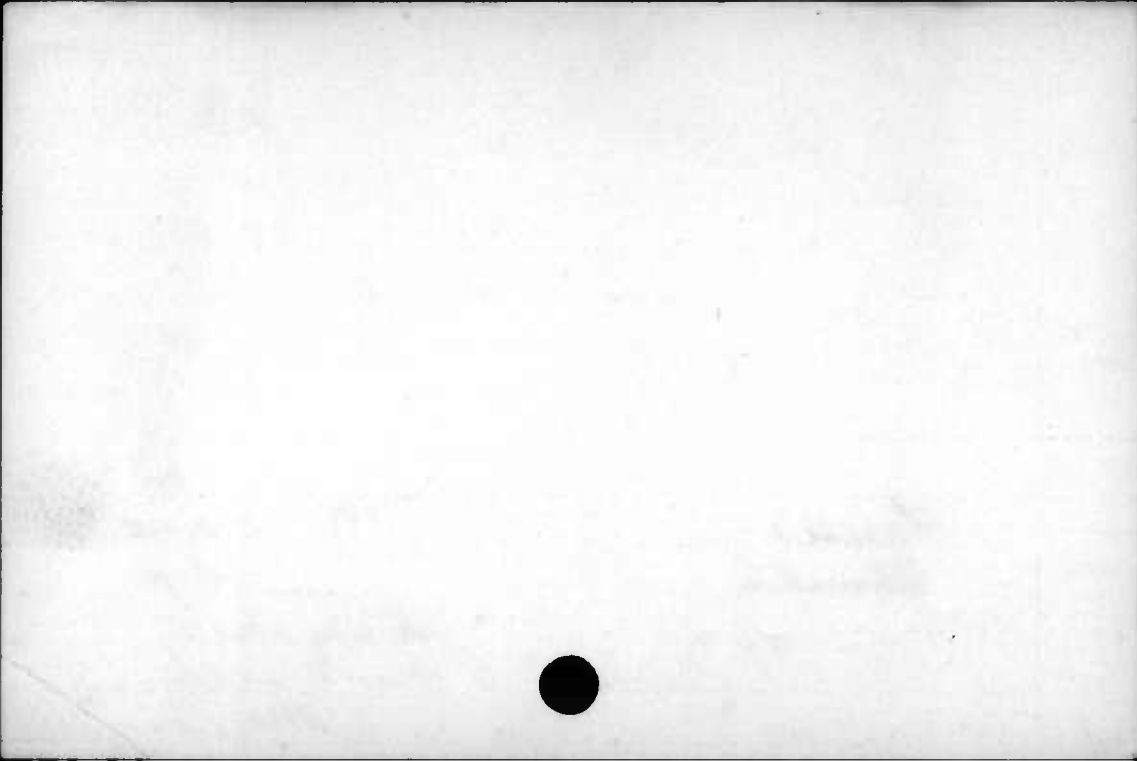
Died at <i>Taneytown</i> ^{Town}		<i>Barroll</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i> ^{Month}	<i>5</i> ^{Day}	Age <i>67</i> ^{Years}	<i>8</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mod</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Galt</i>				
Father's Name <i>Robert Annan</i>	Father's Birthplace <i>Mod</i>				
Mother's Maiden Name <i>Mary Jane Moore</i>	Mother's Birthplace <i>Mod</i>				
Name of person giving information <i>Henry Galt</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	<i>Bronchial Asthma</i>	How long	<i>40 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. Birnie</i>	
		Address <i>Taneytown</i>	
Accident or Suicide?			



Name in Full <i>Henry M. Geatty</i>		CERTIFICATE OF DEATH			
Died at <i>New Windsor</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>15</i>	Years <i>69</i>	Months <i>—</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Carbunker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jennie Geatty</i>				
Father's Name <i>Henry Geatty</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Nancy Melbaker</i>	Name of person giving information <i>Dr. Sterling Geatty</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Paresis</i>	(66)	How long <i>5 months.</i>	
	Immediate <i>Exhaustion</i>		How long <i>4 days.</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. Sterling Geatty</i>	
	Accident or Suicide?		Address <i>New Windsor Maryland.</i>	

Name
in
Full

Bell L Haines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

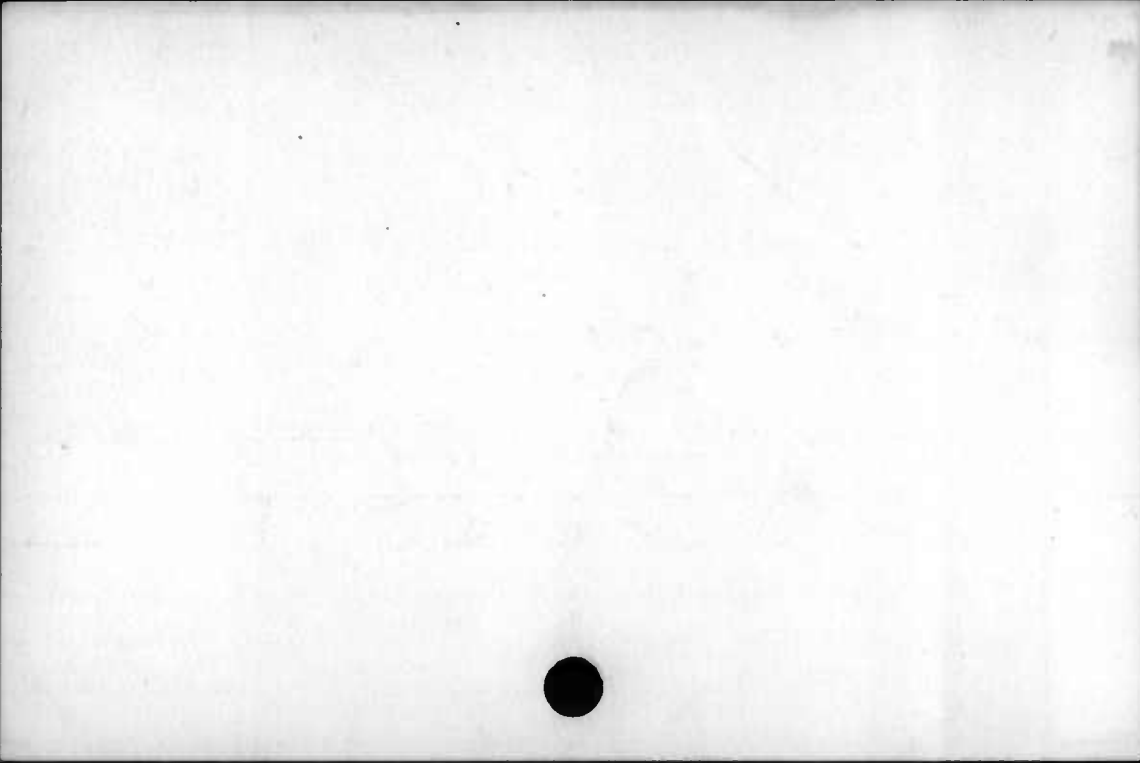
Died at <i>Mumfreesboro</i>		County <i>Leaswell</i>		MARYLAND	
Date of death	1907	Month	May	Day	24
Age		Years		Months	8
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Ella M Haines		
Father's Name	Jacob A Haines	Father's Birthplace	Ind		
Mother's Maiden Name	Ella M. Simmon	Mother's Birthplace	Ind		
Name of person giving information	J. H. Sledge	How related to deceased	Son		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronch. Pneumonia</i>	How long	<i>Two weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>L. S. Kemp</i>
		Address	<i>Mumfreesboro Ind</i>
Accident or Suicide?			



Name
in
Full

Mary Catharine Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Paneytown ^{Town} Carroll ^{County} **MARYLAND**

Date of death 1907 ^{Month} May ^{Day} 18 Age 36 ^{Years} 9 ^{Months} 28 ^{Days}

Sex Female Color or Race white Birth-place Near Paneytown

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed married Name of ~~Wife or~~ Husband John J. Harman

Father's Name David Spangler Father's Birthplace Pa

Mother's Maiden Name Eleanora Null Mother's Birthplace md

Name of person giving information John A. Harman How related to deceased Husband.

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pleuro Pneumonia How long 12 days -

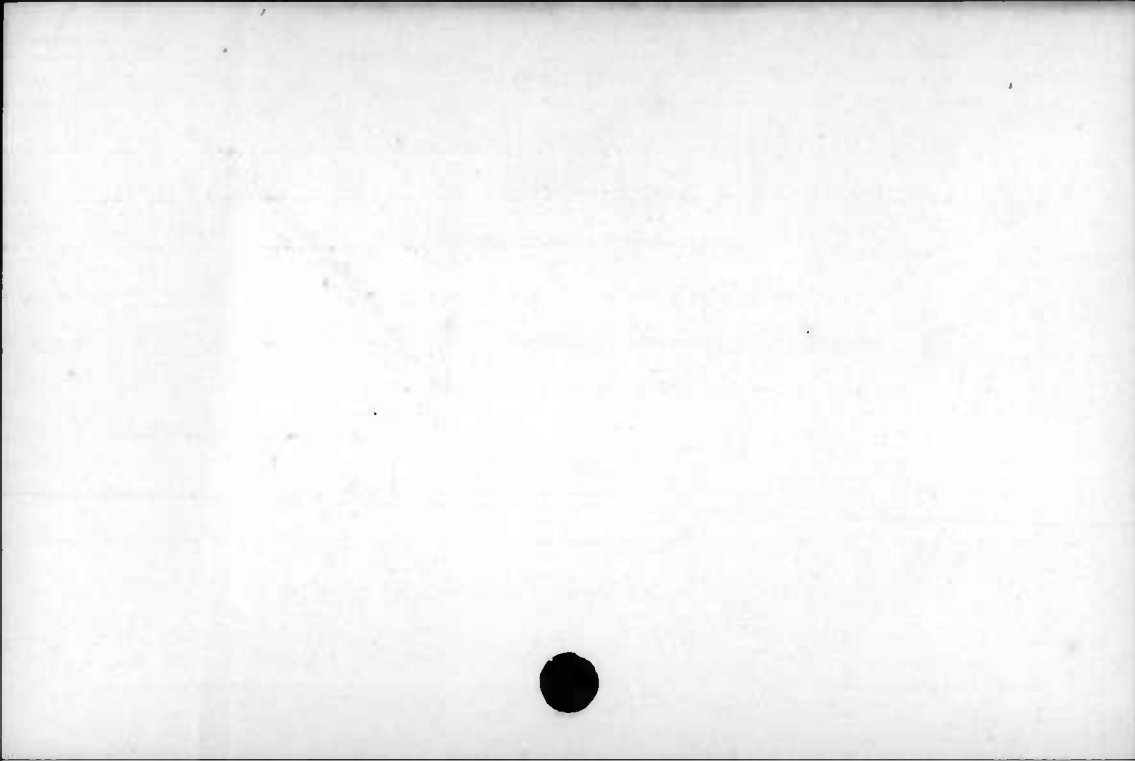
Immediate Convulsions with Cardiac failure How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chandoe M. Benner M.D.

Address Paneytown
Md.

Accident or Suicide?



Name
in
Full

Mary Ann. Harn

198

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County

Date of death 1907 Month May Day 6 Age 80 Years Months 5 Days 1

Sex Female Color or Race White Birth-place Penn^a

Occupation Gen'l Housework Where Residing if not at place of death —

Married, Single or Widowed Widow Name of ~~Wife~~ Husband Henry Harn

Father's Name Michael Rider Father's Birthplace Penn^a

Mother's Maiden Name Mary Kraft Mother's Birthplace Maryland

Name of person giving information Josephine Harn How related to deceased Daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old Age & dropsy How long 8 weeks

Immediate Heart Failure How long —

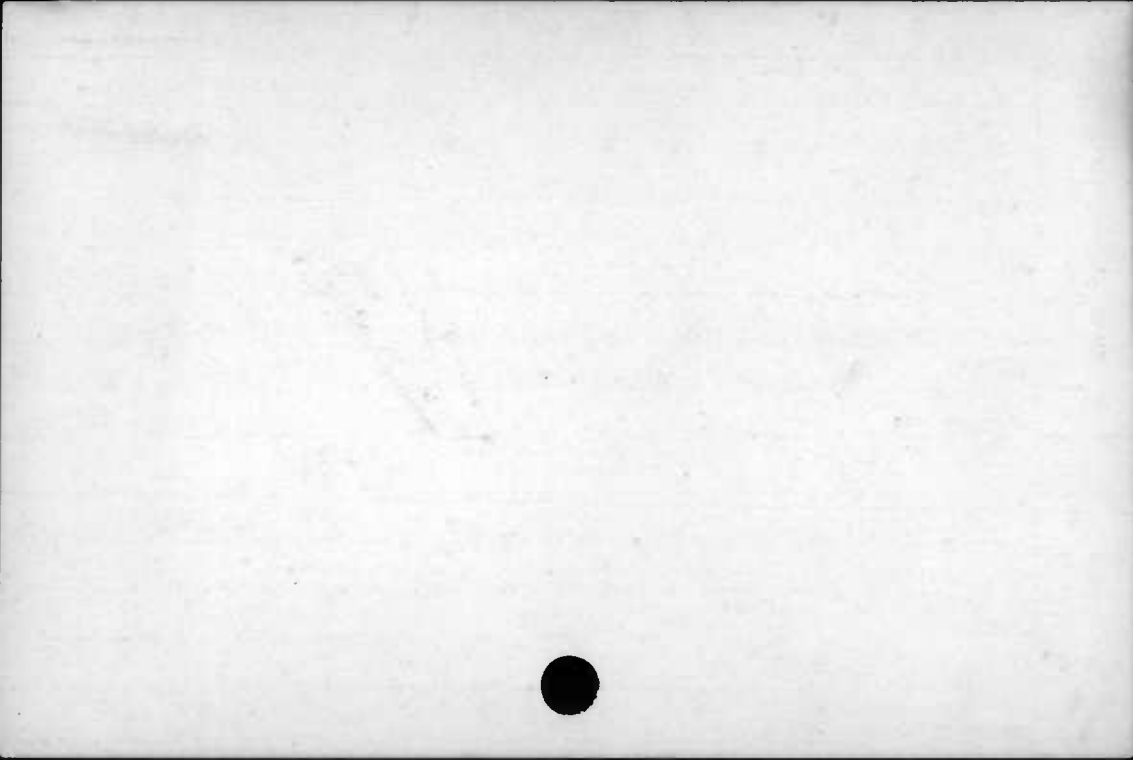
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. L. Bött

Address Westminster Md

Occupation Gen'l Housework

Accident or Suicide? —



Name
in
Full

Elizabeth A Hees

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

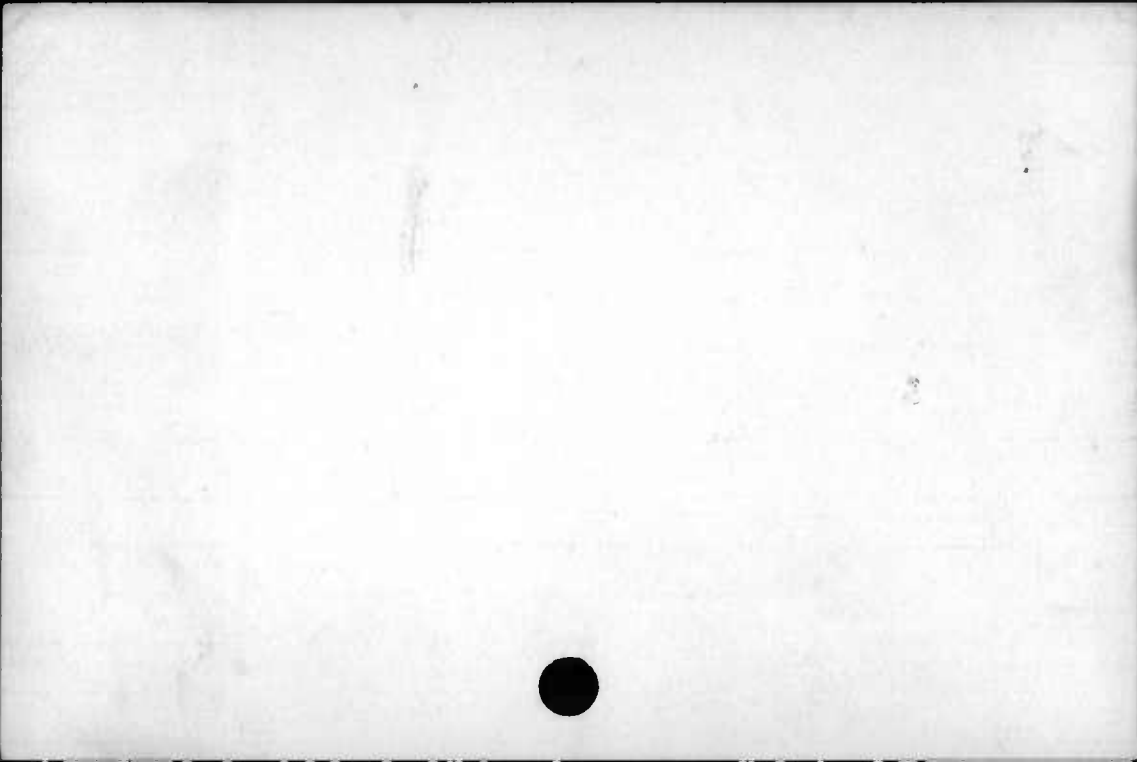
Died at <i>Harney</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>5</i> ^{Month}	<i>3</i> ^{Day}	Age <i>85</i> ^{Years}	<i>2</i> ^{Months} <i>26</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birthplace	<i>Id</i>				
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>Samuel Hees</i>		
Father's Name	<i>Jacob Correll</i>		Father's Birthplace	<i>Frederick Co Md</i>	
Mother's Maiden Name	<i>Alice Jones</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Perina Yealy</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>50 days</i>
Immediate	<i>Cardiac failure with Collapse</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chandos M. Benner M.D.</i>
		Address	<i>Panelytown, Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gideon Alfred Hiteshew</i>		Town <i>Taney Dist</i>		County <i>Barroll</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 5 7</i>		<i>74</i>		<i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Days <i>25</i>	
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Gideon Hiteshew</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mary A McCullough</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Emeline Hiteshew</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>(10)</i>
Immediate	<i>Grip</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. Dennis King</i>	
		Address <i>Taney town</i>	
Accident or Suicide?			



Name

In
Full

Elizabeth C. Hull

203

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>San Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1907	Month	May	Day	16	Age	68
Sex	Female	Color or Race	White	Birth-place	Md	Months	6
Occupation	Housework.		Where Residing if not at place of death		Home		
Married, Single or Widowed	Widow	Name of Wife or Husband		Widow J. W. Hull.			
Father's Name	John Penn		Father's Birthplace		Carroll Md		
Mother's Maiden Name	Lillian Crawford		Mother's Birthplace				
Name of person giving information	Rev. Abiah Bigler		How related to deceased		Friend		

CAUSES OF DEATH

Primary	<i>Diabetes Mellitus</i>	How long	<i>18 m</i>
Immediate	<i>Diabetic Coma</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jos. T. Heng</i>
		Address	<i>West</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER

Meadow Branch (Cena.)

Stoner

Name
in
Full

Catherine Humbert

1917
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

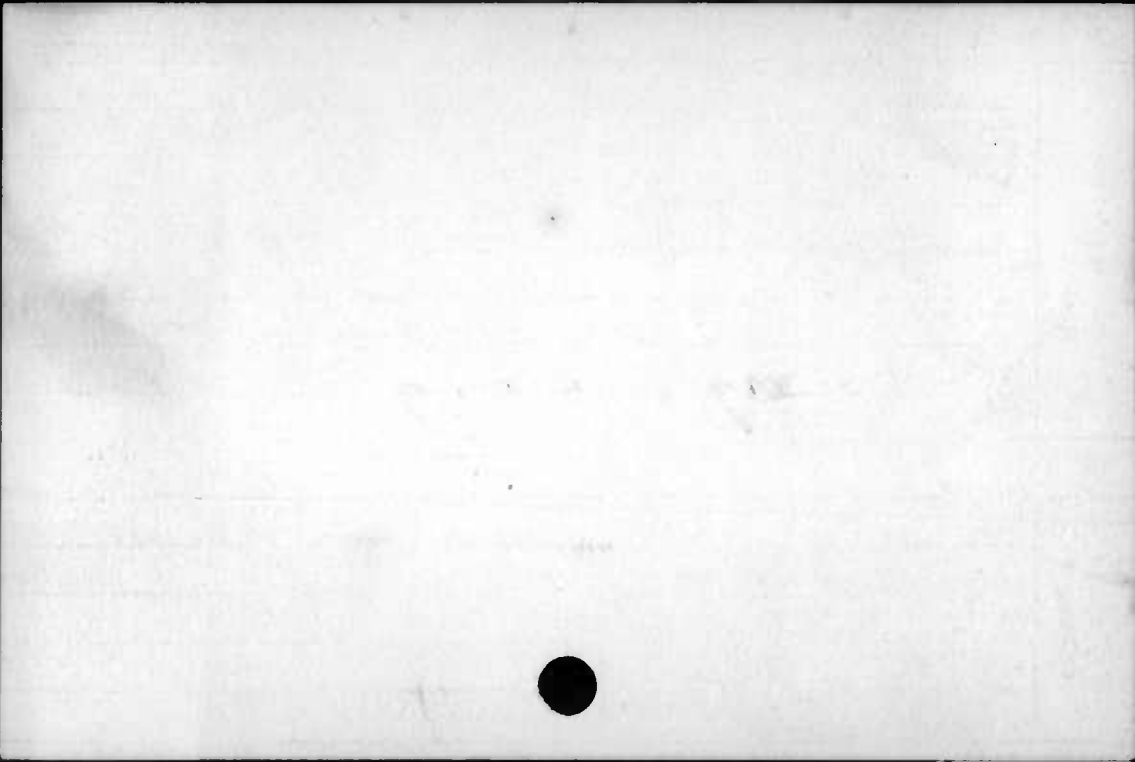
Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>7</i>	Age <i>79</i>	Month <i>9</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Westminster</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jacob Humbert</i>				
Father's Name <i>Daniel Updegr</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Barbara Hershberg</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Adam D. Humbert</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Complication of diseases</i>	How long <i>6 mo.</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. Lewis Hesel Jr. D.</i>
	Address <i>Union Mills Ind.</i>
Accident or Suicide? <i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

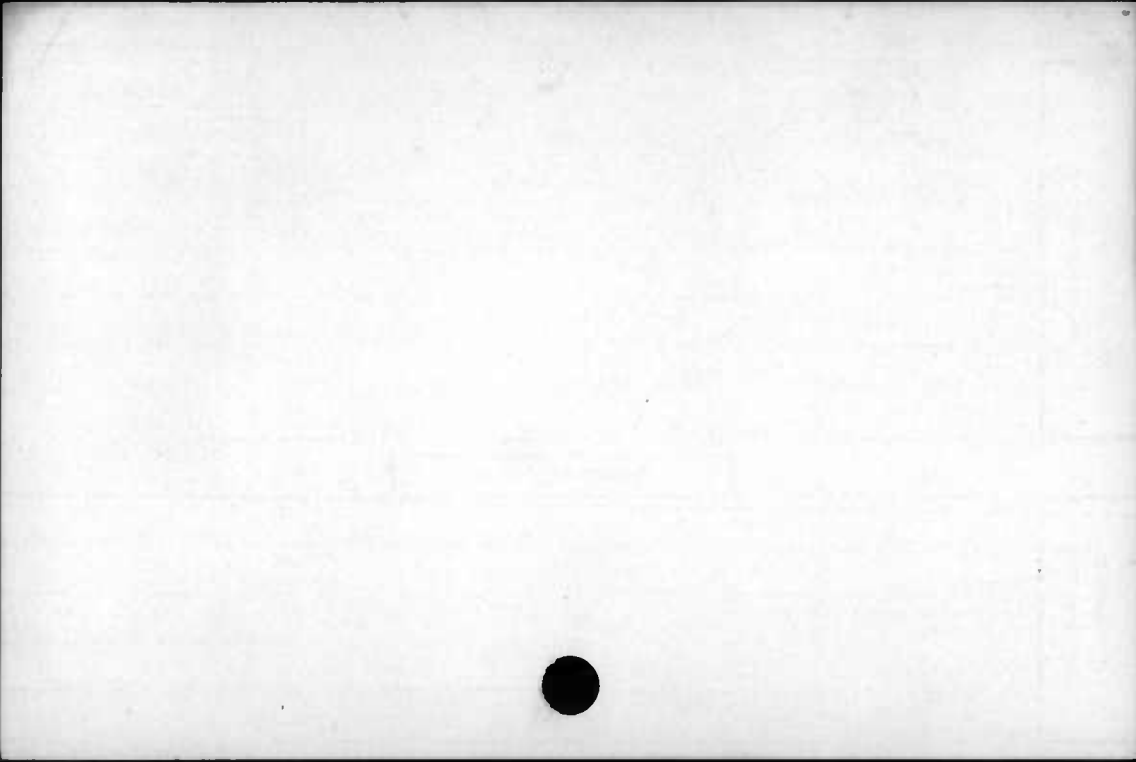
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alice S. Kriser</i>		Town <i>Hagerwood</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Hagerwood</i>		Month <i>May</i>		Day <i>19</i>		Age <i>65</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>16</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Jamneytown, Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Kriser</i>					
Father's Name <i>John Rowe</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Agnes Shammaker</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Chas. Kriser</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholelithiasis</i>	How long <i>1 year</i>
Immediate <i>obstruction of bowels</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Diller</i>
<i>No</i>	Address <i>Detour Maryland</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Female child

Krumrine

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Union Mills

Town

Carroll

County

Date of death 1907 May

Month

Day

31

Age

Years

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Carroll Co.

Occupation

None

Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
HusbandFather's
Name

Jacob H. Krumrine

Father's
Birthplace

Md

Mother's
Maiden Name

Grace Hoffines

Mother's
Birthplace

Pa

Name of person giving
In formation

Jacob H Krumrine

How related
to deceased

Md

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

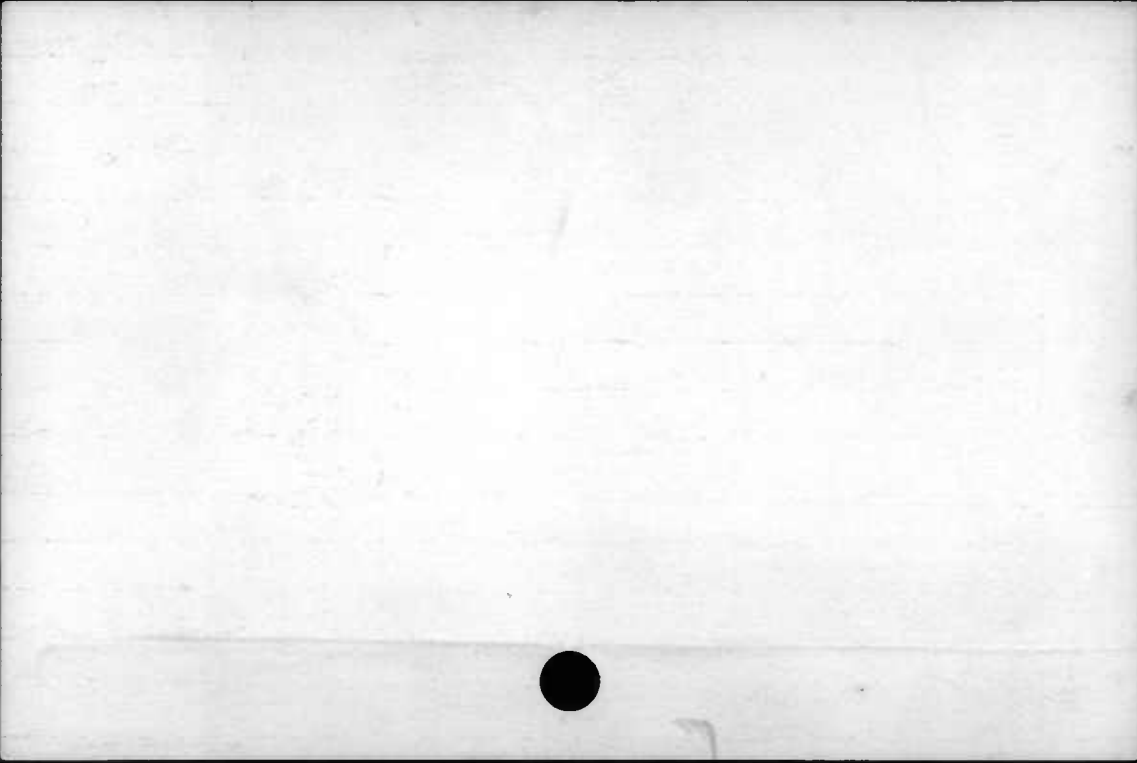
yes

Signature of
Physician

Address

Chas. A. Leary
Baltimore Md

Accident or Suicide?



Name
in
Full

Sarah E Leatherwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

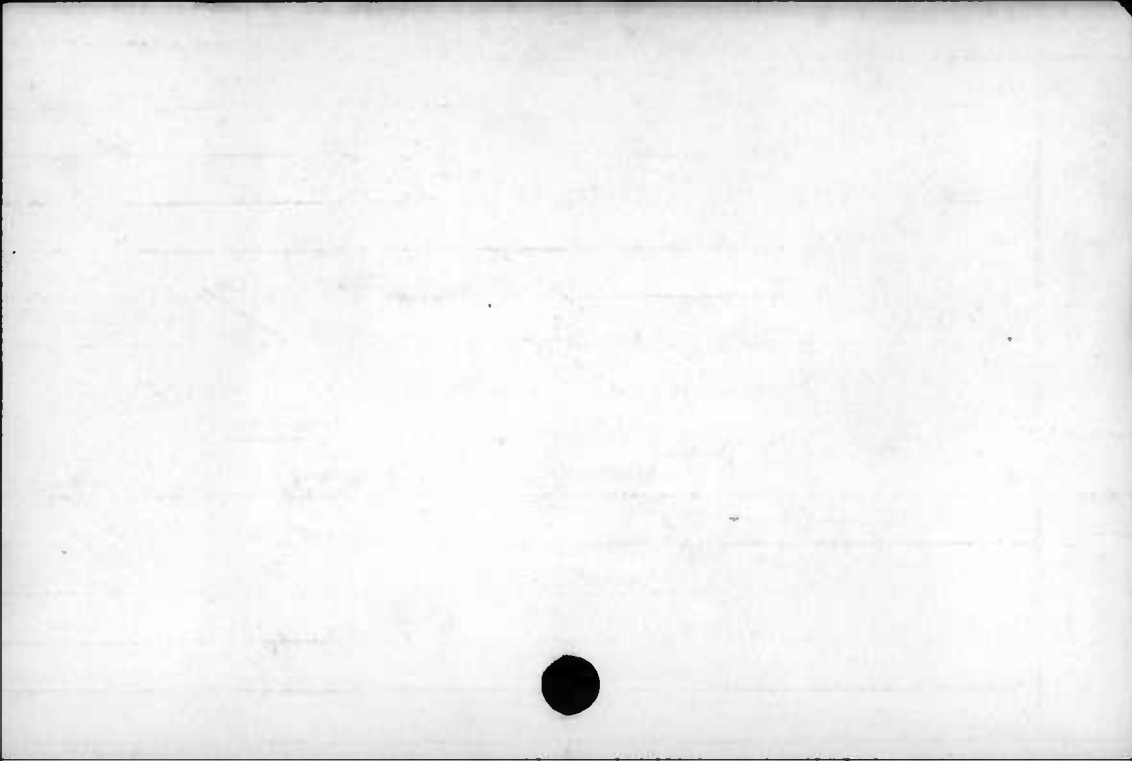
Died at		Town <i>Day</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	May	Day	7	Age	61
Sex	female		Color or Race	white		Birth-place	Ohio
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Owen Leatherwood</i>				
Father's Name	<i>Hanson Leatherwood</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Annie Barnes</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Owen Leatherwood</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

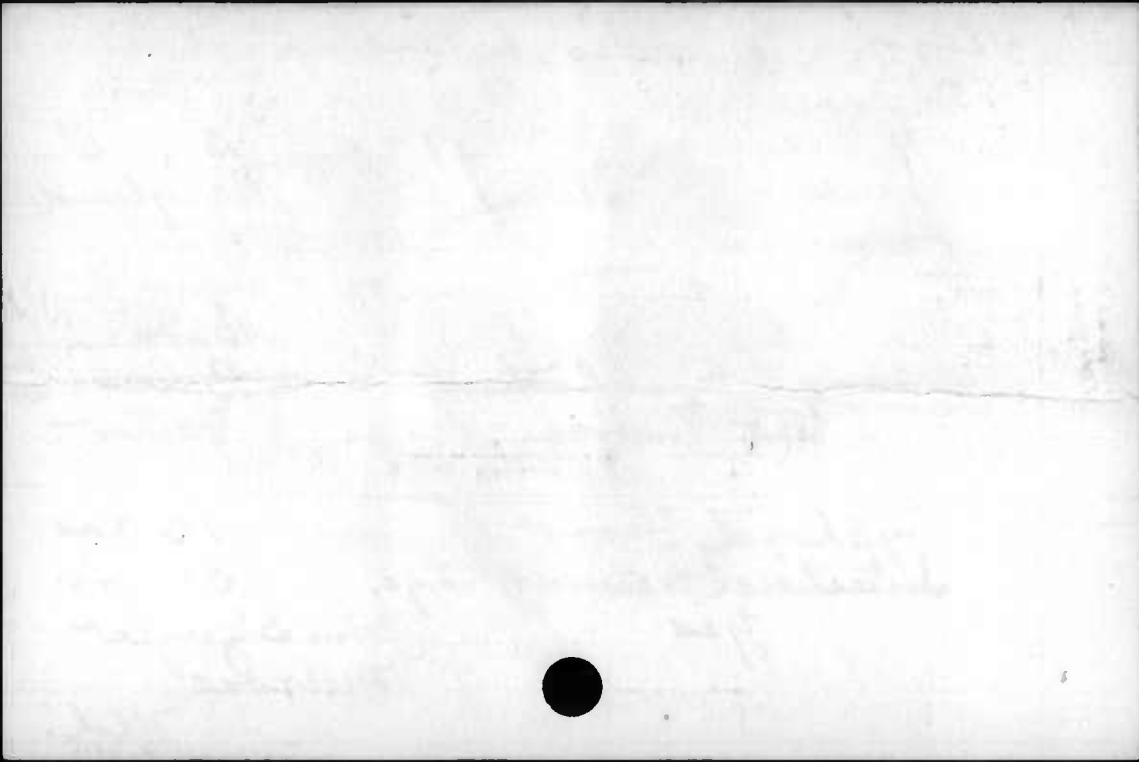
Primary	<i>Phthisis Pulmonalis</i>	How long	<i>20 yrs</i>
Immediate	<i>Heart-Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. C. Crank</i>
		Address	<i>Taylorsville Carroll Co</i>
Accident or Suicide?			



Name in Full Louis Leckner		CERTIFICATE OF DEATH	
Died at Springfield Hosp.		County Carroll	
Date of death 1907 May 11		Age 45	
Sex Male		Color or Race White	
Occupation Brick maker		Where Residing if not at place of death	
Married, Single Widowed		Name of Wife or Husband Unknown	
Father's Name Unknown		Father's Birthplace Ind.	
Mother's Maiden Name "		Mother's Birthplace "	
Name of person giving information Hospital records		How related to deceased	
CAUSES OF DEATH			
Primary General paresis		How long about 3 yrs	
Immediate Exhaustion		How long prolonged	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. J. Carey	
Accident or Suicide? No		Address Lytleville Md.	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Philip Edward Lepko

CERTIFICATE OF DEATH

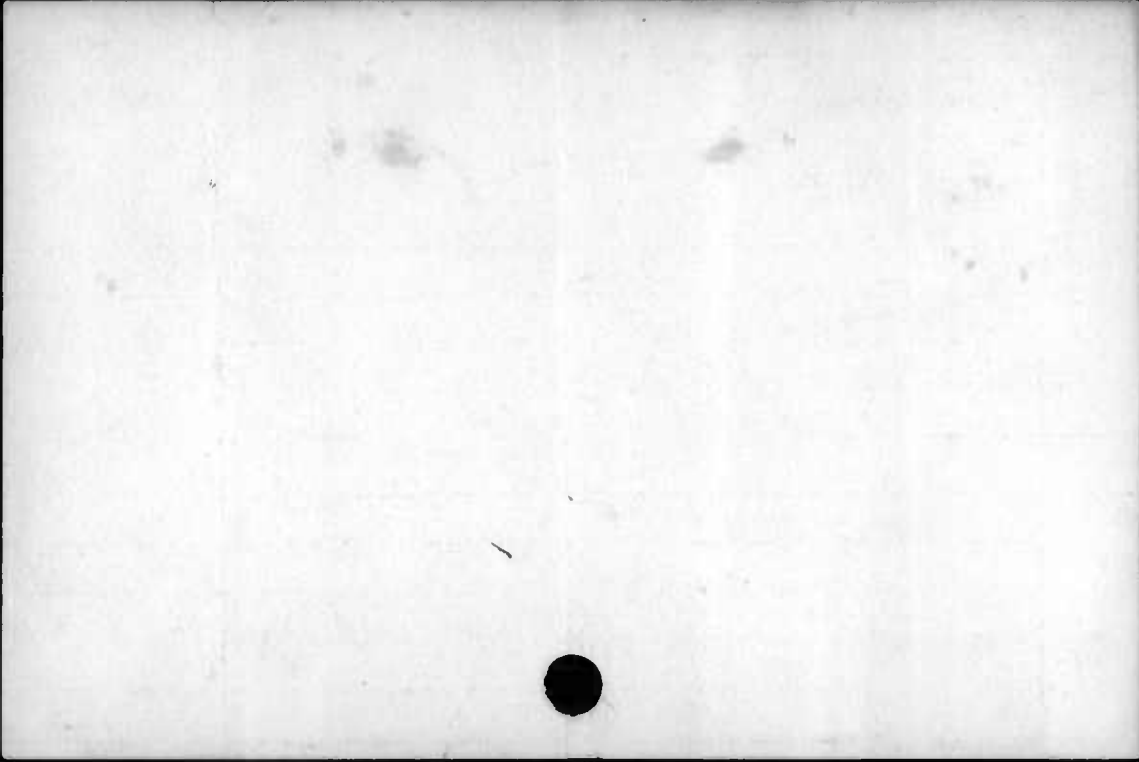
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Artes Mill		County		Carroll		MARYLAND	
Date of death	1907	Month	5	Day	2nd	Age	31	Months	6
						Years			12
Sex	Male		Color or Race	White		Birth-place	Carroll County		
Occupation	—		Where Residing if not at place of death		Artes Mill				
Married, Single or Widowed		Name of Wife or Husband							
Father's Name	Absalom Lepko					Father's Birthplace	Carroll Co		
Mother's Maiden Name	Harriett Arter					Mother's Birthplace	Carroll Co		
Name of person giving information	Absalom Lepko					How related to deceased	Father		

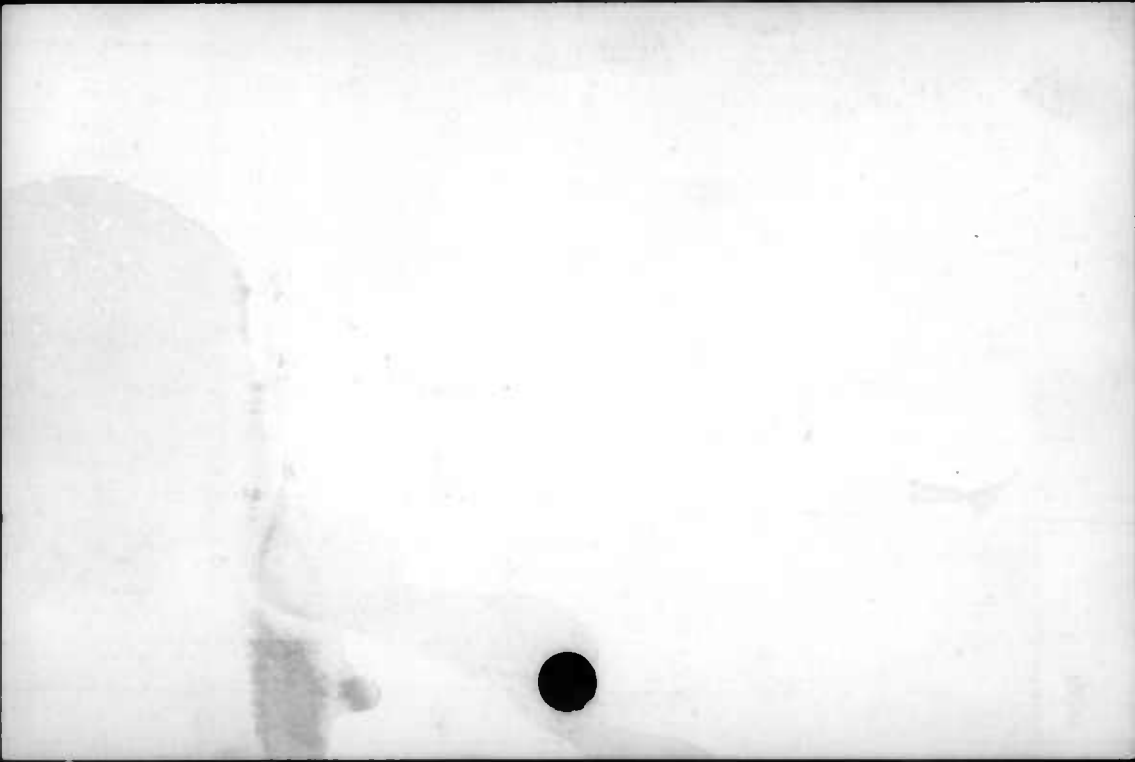
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe		(10)	How long	Six weeks	
Immediate	Pneumonia			How long		
Are the name, age, sex, color, date and place correctly given above?			Yes			
Signature of Physician			Dr. J. S. Marshall			
Address			Silver Run Ind			
Accident or Suicide?						



Name in Full		Margaret Thierst Muechy.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Melrose		County		MARYLAND		
	Date of death	1907	Month	May	Day	29	Age	37
	Sex	Female		Color or Race	white		Birth-place	Maryland
	Occupation	House wife		Where Residing if not at place of death		Melrose Hotel		
	Married, Yes	Name of Husband		William H Muechy				
	Father's Name	George Thierst				Father's Birthplace	Bavaria	
	Mother's Maiden Name	Annie Eisenhuth				Mother's Birthplace	Bavaria	
Name of person giving information	Geo Thierst				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	13 days	
	Immediate	Intestinal Hemorrhage				How long	5 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	John Szigler		
					Address	Melrose Md.		
Accident or Suicide?								



Name
in
Full

Annie M Miller

CERTIFICATE OF DEATH

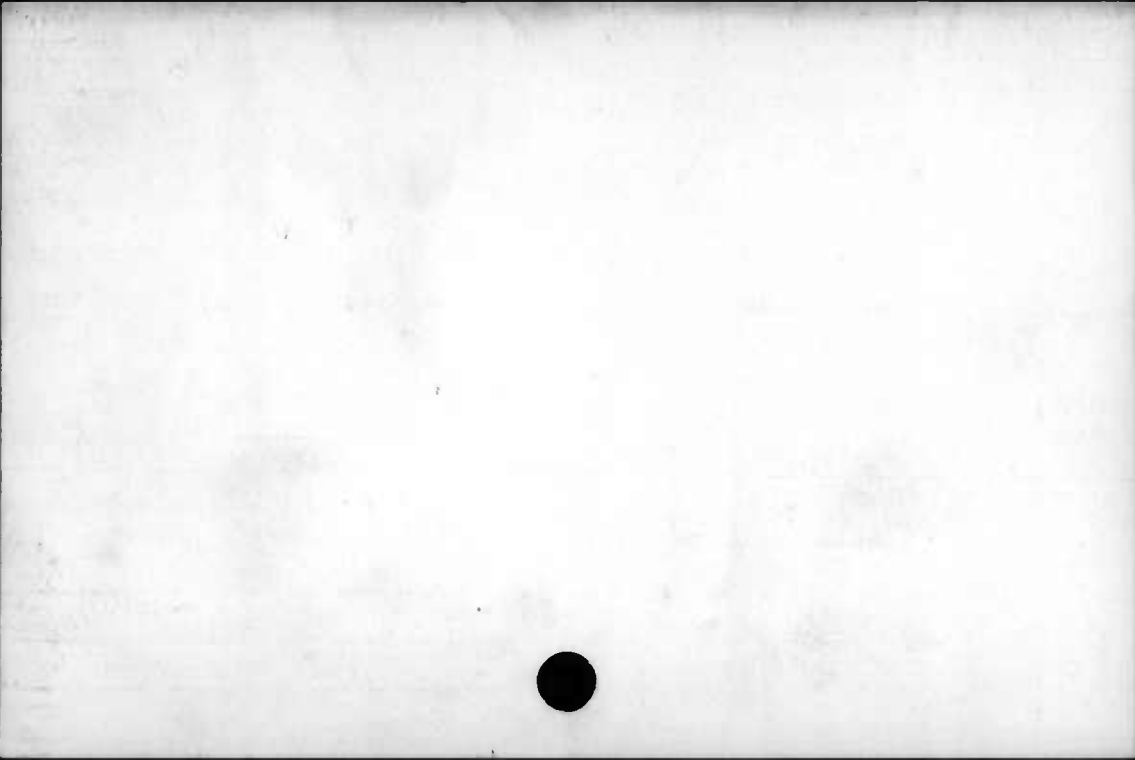
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alexia</i>		Town		County		Carroll		MARYLAND	
Date of death	1904	Month	May	Day	11	Age	66	Years	Months
Sex	Female	Color or Race	white	German		Birthplace	Germany		
Occupation	House wife			Where Residing if not at place of death			Alexia		
Married, Single or Widowed	Widow			Name of Wife or Husband			John Miller		
Father's Name	John Geris			Father's Birthplace			Germany		
Mother's Maiden Name	Don't know			Mother's Birthplace			Germany		
Name of person giving information	Dr. Gertrude P. P. P.			How related to deceased			Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsey</i>	How long	<i>Three months</i>
Immediate	<i>Heart failure</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Preston W. P.</i>
		Address	<i>Manchester</i>
Accident or Suicide?			



Name
in
Full

Antonio Cleveland Myers

CERTIFICATE OF DEATH

Died at ^{Town} Manchester

County Carroll

MARYLAND

Date
of death 1907

Month May

Day 19

Age

Years 22

Months 11

Days 23

Sex

Male

Color or
Race

White

Birth-
place

Manchester Md

Occupation

Cigar Maker

Where Residing If not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sadie Cecelia Graf

Father's
Name

Chas A Myers

Father's
Birthplace

Baltimore City

Mother's
Maiden Name

Emma H. Henderson

Mother's
Birthplace

Baltimore City

Name of person giving
In formation

Chas A. Myers

How related
to deceased

Further

CAUSES OF DEATH

Primary

Tuberculosis

(27)

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. H. Sherman M.D.

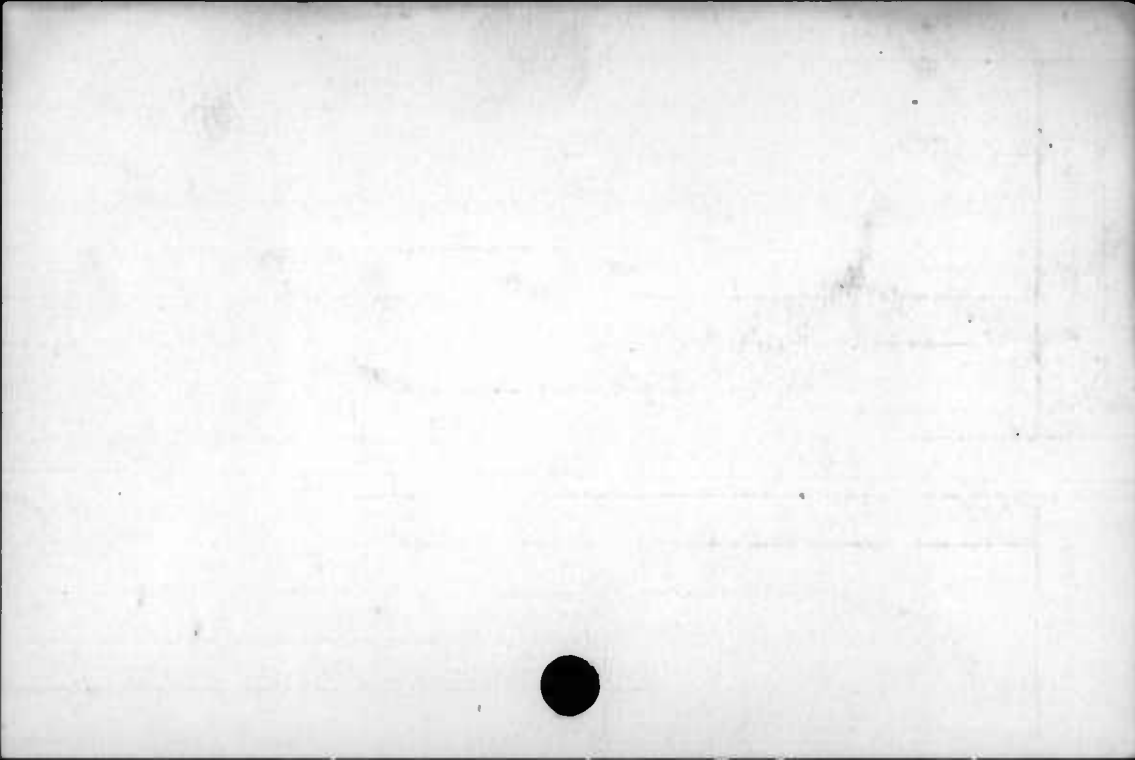
Address

Manchester

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E. Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bachmans Mills</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>5</i>		Day <i>4</i>		Age <i>72</i>		Years <i>10</i> Months <i>27</i> Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>					
Occupation <i>Householder</i>		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife Husband <i>David Palmer</i>							
Father's Name <i>John Weaver</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Lydia Bachman</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>G. T. Palmer</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthma</i>		How long <i>15 min.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John S. Ziegler</i>	
		Address <i>Milrod Westminster Md</i>	
Accident or Suicide?			



Name
in
Full

Myrtle Pauline Rhubottom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Eldersburg		^{County} Carroll		STATE OF MARYLAND	
Date of death	1907	Month	May	Day	6
Age		Years		Months	Days
Sex		Female		Color or Race	Black
Birth-place		Md.		Occupation	
none		Where Residing if not at place of death		same	
Married, Single or Widowed		-		Name of Wife or Husband	
Father's Name		Marriott Rhubottom		Father's Birthplace	
Mother's Maiden Name		Mary Groome		Mother's Birthplace	
Name of person giving information		Marriott Rhubottom		How related to deceased	
				Father	

CAUSES OF DEATH

92

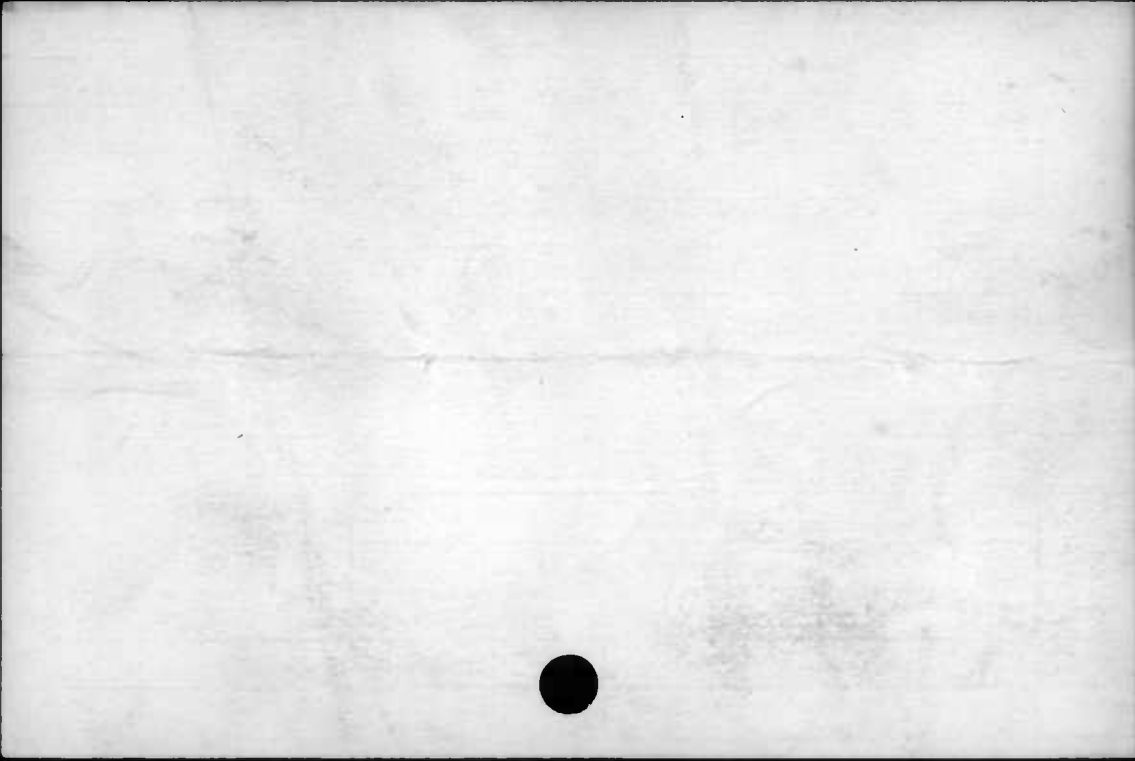
PHYSICIAN
OR CORONER

Primary	Broncho-Pneumonia	How long	1 week
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?	yes
--	-----

Signature of Physician	Marriott Rhubottom
Address	Eldersburg

Accident or Suicide?	
----------------------	--



Name
in
Full

Josephine Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

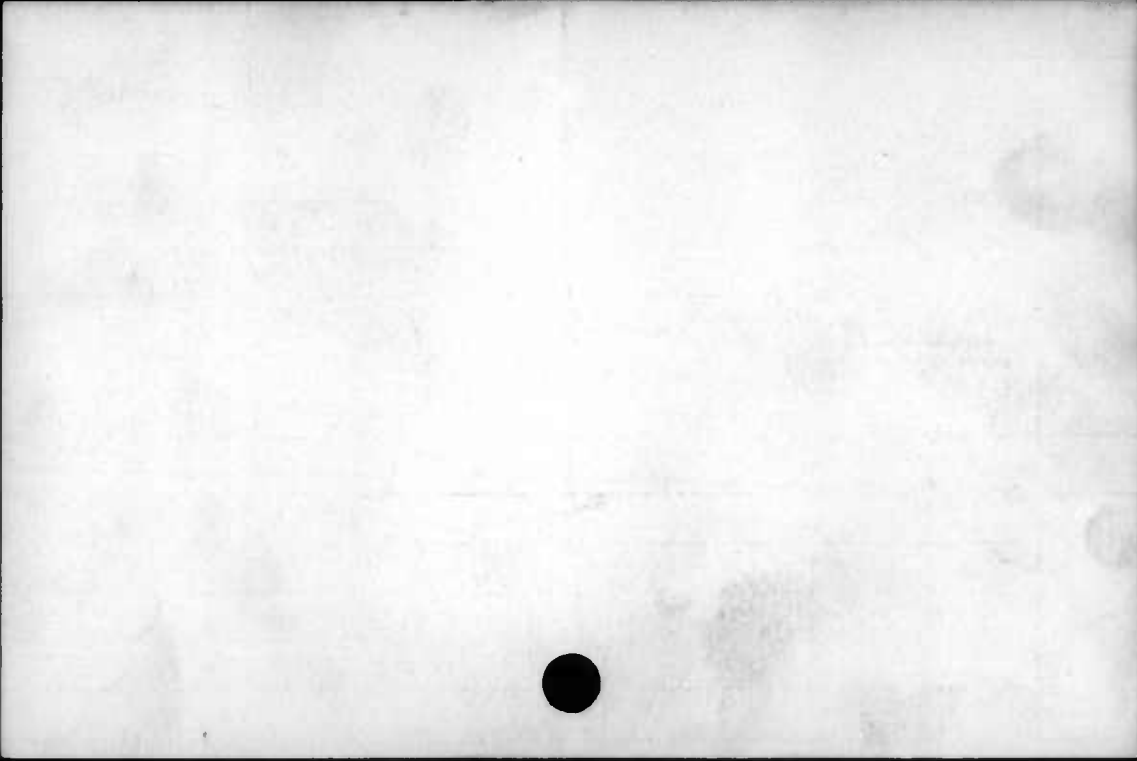
Died at <i>Springfield Hospital - Sykesville - Carroll</i>		Town <i>Springfield</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>28th</i>	Age <i>47</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Ind.</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Thomas Stewart</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Julia A. Rook</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>3 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge</i>	Signature of Physician <i>W. Henry Fisher</i>
	Address <i>Sykesville Ind.</i>
Accident or Suicide?	

67



Name
in
Full

William Richarts

CERTIFICATE OF DEATH

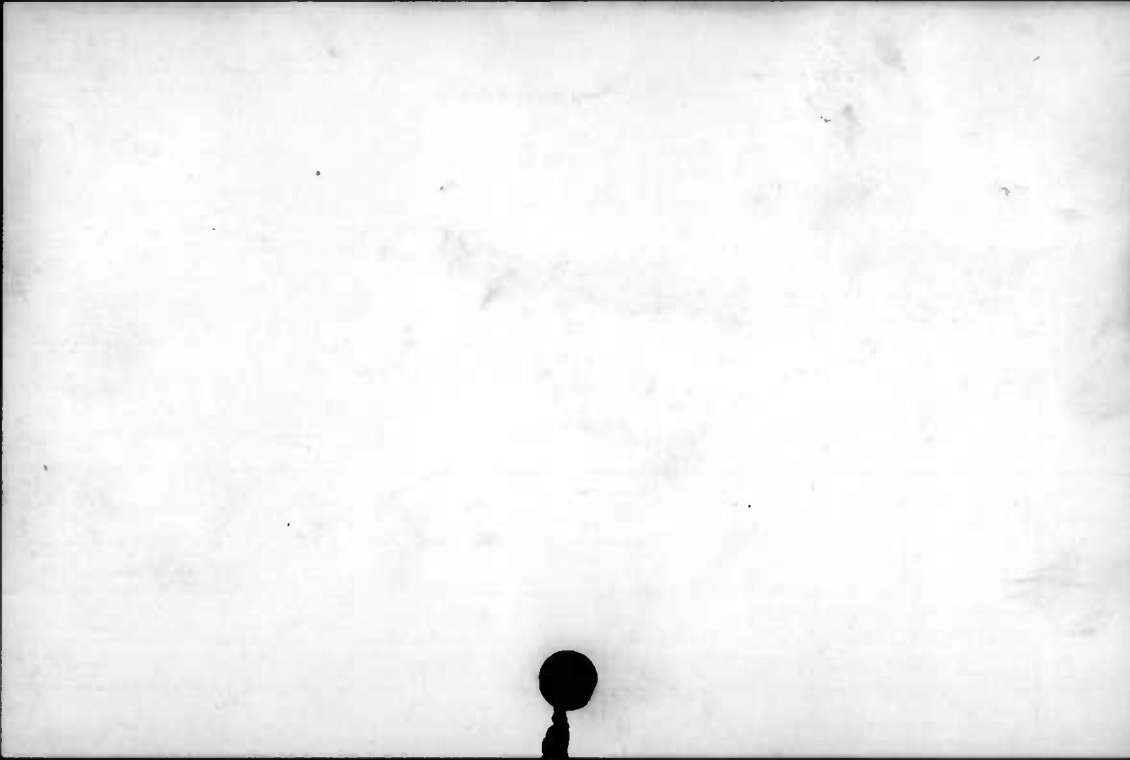
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millers</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>7</i> <small>Years</small>	<i>65</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>York Co. Pa.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Rachel Elizabeth Rabenstein</i>		
Father's Name	<i>John Richarts</i>		Father's Birthplace	<i>York Co. Pa.</i>	
Mother's Maiden Name	<i>Margaret Horrick</i>		Mother's Birthplace	<i>Carroll Co. Md.</i>	
Name of person giving information	<i>J. E. Richarts</i>		How related to deceased	<i>Son.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sarcoma</i>	<i>45</i>	How long	<i>Two years</i>
Immediate	<i>Hemorrhage</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Shuman M.D.</i>		
		Address <i>W. Winchester Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

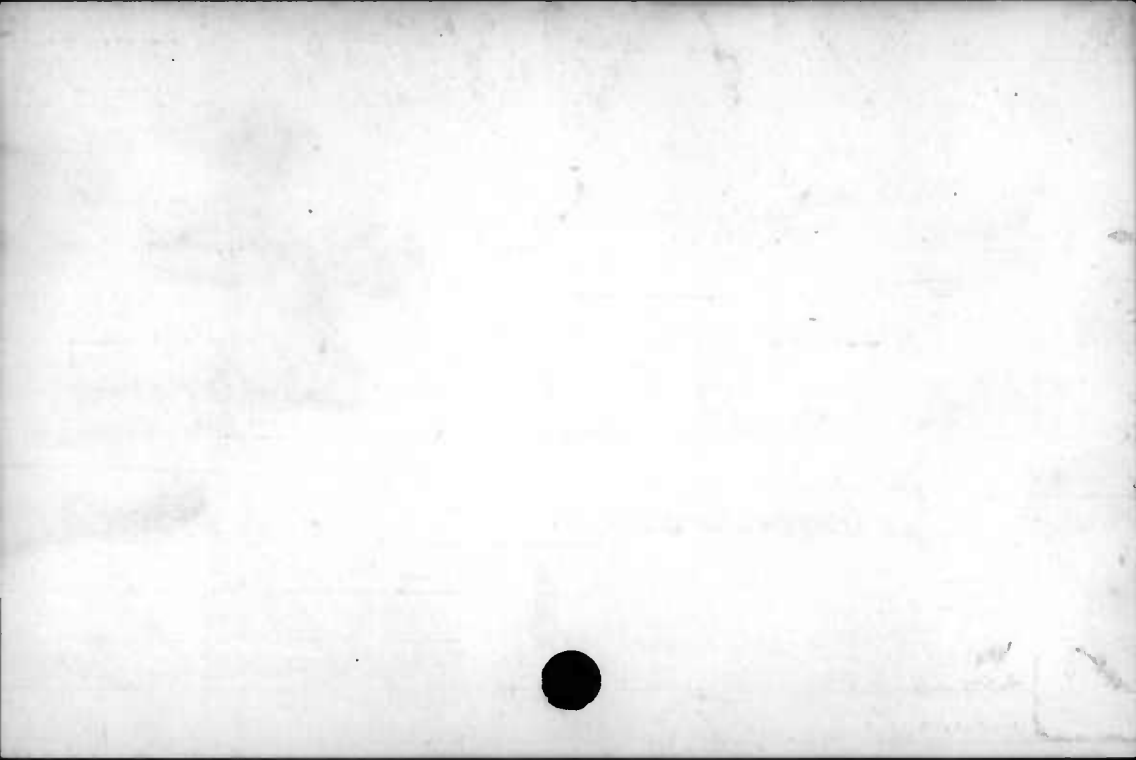
Died at <i>Lineboro</i>		Town <i>Lineboro</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>8</i>	Age <i>27</i>	Years <i>8</i>	Months <i>21</i>	Days <i>21</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Hoffman</i>
Occupation	<i>Rail Rider</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Christain Shaffer</i>				Father's Birthplace	<i>Laupham</i>	
Mother's Maiden Name	<i>Jessie Groff</i>				Mother's Birthplace	<i>Carroll co</i>	
Name of person giving information	<i>Mr. Wm. Curren</i>				How related to deceased	<i>Parent</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Five Months</i>
Immediate	<i>Paralysis</i>	How long	<i>Six Weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. R. Albright</i>	
		Address	
		<i>Glen Rock B. F. D. #1</i>	
Accident or Suicide?			



Name
in
Full200
CERTIFICATE OF DEATH

Mary Emaline Simonson

Town

County

Died at

Westminster

Carroll

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

May

22

Age

39

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Retired

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Israel Simonson

Father's
Birthplace

Maine

Mother's
Maiden Name

Martha Sweetser

Mother's
Birthplace

Maryland

Name of person giving
In formation

Martha Simonson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

6 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. B. B. B.
Wid. M. B. B.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name
in
Full

William M. Smelzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

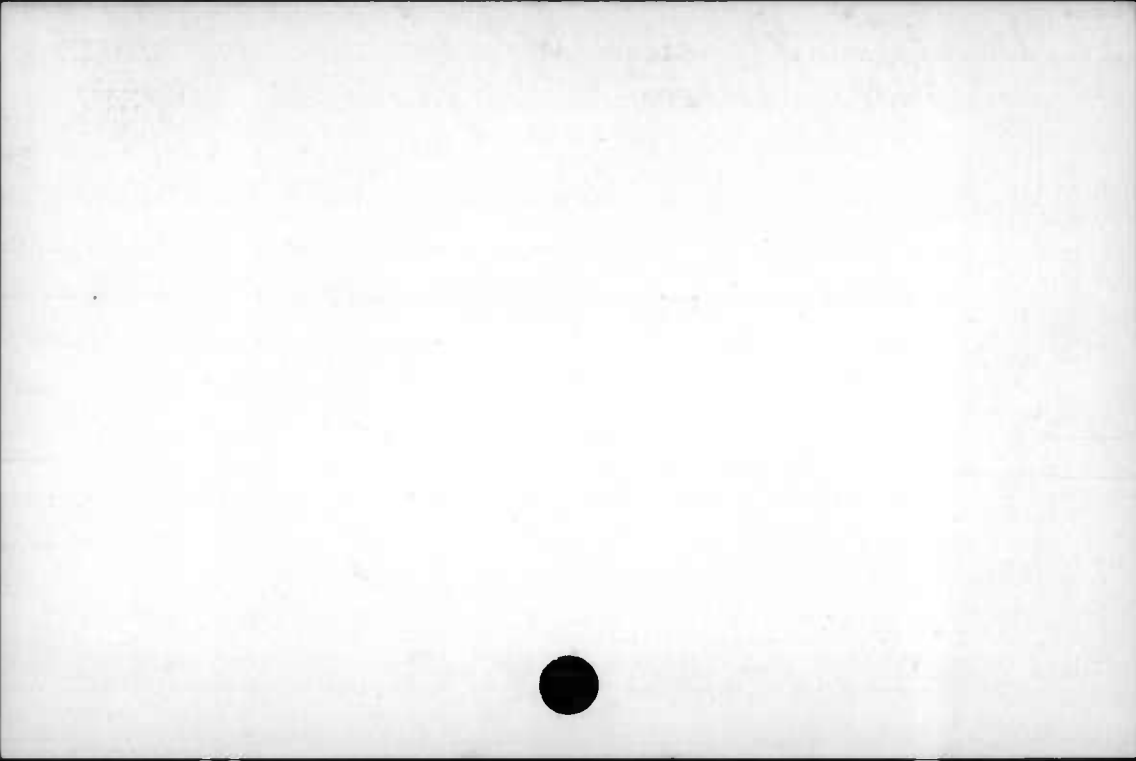
Died at <i>New Windsor</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>10</i>	Years <i>78</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>New Windsor</i>		
Married, Single or Widowed <i>M.</i>		Name of Wife or Husband <i>Sophia Smelzer</i>			
Father's Name <i>David Smelzer</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Mognery</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Charles Winters</i>		How related to deceased <i>no</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Diffuse Nephritis</i>	How long <i>Seven months</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y. V.</i>	Signature of Physician <i>J. H. Gentry</i>
	Address <i>New Windsor, Conrad Co., Maryland.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Virgie Carrie Slagun

Town

County

Died at

Hampstead dist. Cambridge

MARYLAND

Date 19

May 3

Age

- 7 -

ma

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas. F. Slagun

Mother's

Maiden Name

Mary Diehl

Cause of

Primary

Diphtheria

How long sick

3 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Address

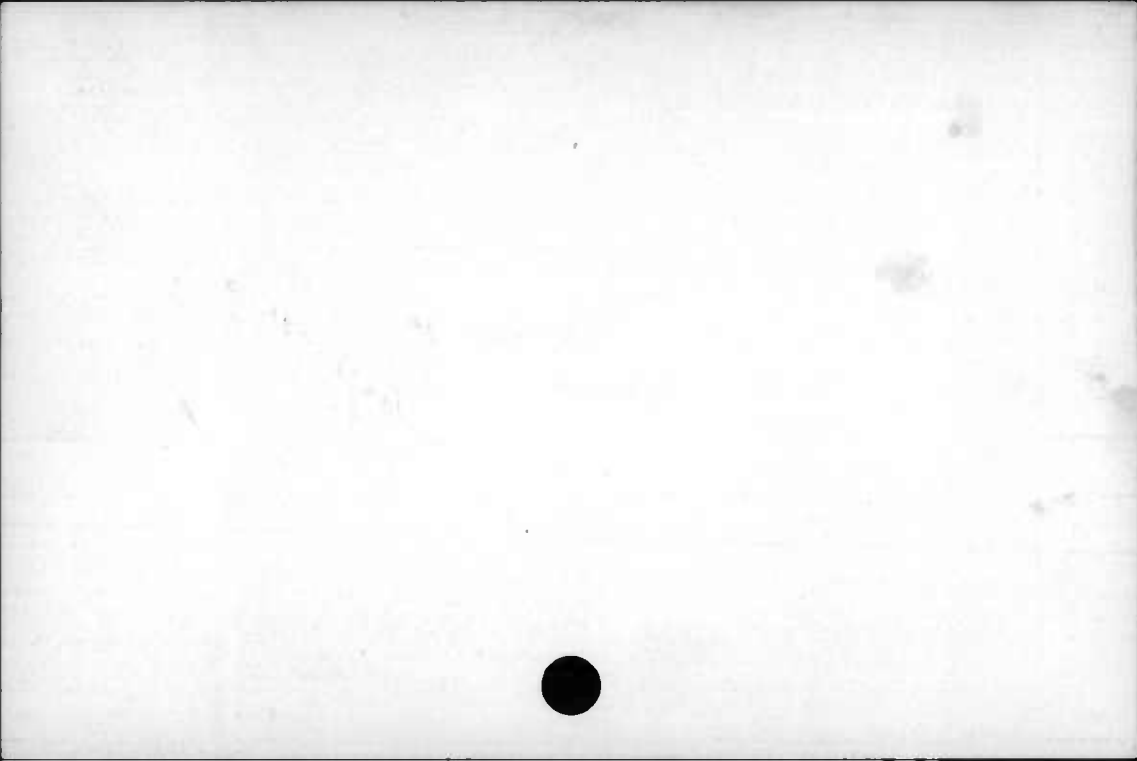
W. R. F. Richards, Hampstead

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

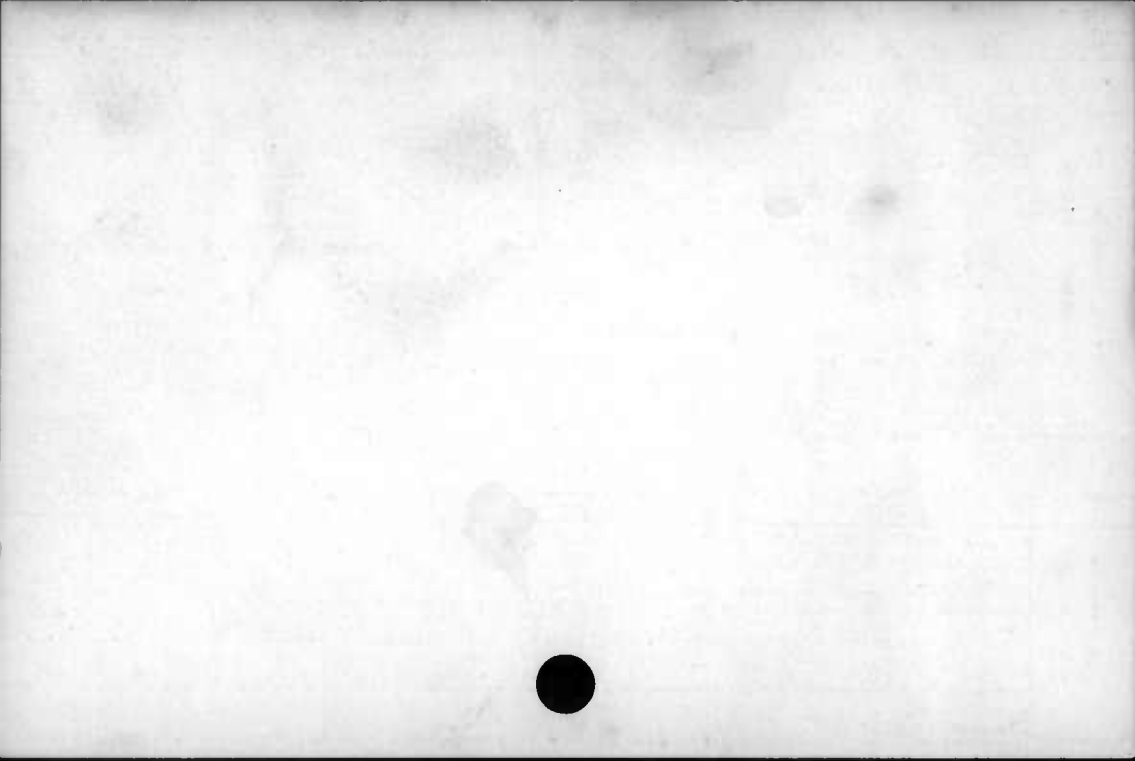


Name in Full		Martha Grizelda Starr				No 202		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND			
		Date of death <u>1907</u> <small>Month</small> <u>May</u> <small>Day</small> <u>23</u>		Age <u>76</u> <small>Years</small>		<u>6</u> <small>Months</small>		<u>—</u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>			
		Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>					
		Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>John Edmund Starr</u>					
		Father's Name <u>William Starr</u>		Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Martha Shaw</u>		Name of person giving information <u>Ed. P. Brundage</u>		How related to deceased <u>Son In Law</u>					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <u>Paralysis</u>		(66)		How long <u>Since 2 years</u>			
		Immediate <u>Coma</u>				How long <u>3 days</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Jos. H. Rilling M.D.</u>		Address <u>Westminster Md.</u>			
		Accident or Suicide? <u>no</u>							



Name in Full		Stewart Augustus Steu.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bennings		County		MARYLAND	
	Date of death 190	7	Month 5	Day 11	Age	Years	Months 14 Days
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed	Single		Occupation			
	Name of Wife or Husband						
TO BE ANSWERED BY NEAREST FRIEND	Father's Name	Harry A. Steu.				Father's Birth-place	Canoll Co., Md.
	Mother's Maiden Name	Lillian S. Franklin				Mother's Birth-place	Canoll Co., Md.
	Name of person giving information	Harry A. Steu.				How related to deceased	Father,
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Indigestion				How long	5 days
	Immediate	"				How long	"
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?				Winfield Canoll Co.,		

104



Name in Full

Certificate of Death

Infant of Mr & Mrs Walter Sullivan

Town

County

Died at

MARYLAND

Date 19

07

Month

Day

5-5-

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Fether's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name
in
Full

Catherine Utz

199
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Valley</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>16</i>	Age <i>77</i>	Years	Months <i>1</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Housekeeping</i>	Where Residing if not at place of death <i>Home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Utz</i>						
Father's Name <i>James. Bankard</i>	Father's Birthplace <i>Carroll Co Md</i>						
Mother's Maiden Name <i>Sallie Humbert</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>John Utz</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease.</i>	How long <i>2 1/2 months</i>
Immediate <i>Prophylactic effusion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. F. Shipley B.D.</i>
	Address <i>Westminister Md.</i>
Accident or Suicide?	

St. Benjamins ^Q
I. D. B. v.

Name
in
FullNo 201
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name <i>Julia Sarilla Wagner</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>May</i>		Day <i>20</i>		Years <i>15</i>	
Date of death <i>1907</i>		Months <i>20</i>		Days <i>20</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Carroll Co Md</i>			
Occupation <i>House maid</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles M. Wagner</i>		Father's Birthplace <i>Carroll Co Md</i>					
Mother's Maiden Name <i>Caroline Rebecca Horner</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Charles M Wagner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>" "</i>	How long <i>" "</i>

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Jos. J. Hervey
Hartman Pa

Accident or Suicide?

PHYSICIAN
OR CORONER

Winters cemetery.
Stoner.

Name
in
Full

Anne Mary Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seabrook</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>May</i> ^{Day} <i>10</i>		Age <i>79</i> ^{Years}		<i>7</i> ^{Months} <i>18</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White American</i>		Birth-place <i>Maryland</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Seabrook</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jonas Warner</i>			
Father's Name <i>William Bish</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Catherine Miller</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Annie Warner</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Lung</i>	How long <i>Two Weeks</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Preston M.D.</i>
	Address <i>Waco, Texas</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

